

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1					51			
2		11			52				
3					53				
4					54				
5					55				
6					56				
7					57				
8					58				
9					59				
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12					62				
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39					89				
40					90				
41					91				
42					92				
43					93				
44					94				
45					95				
46					96				
47					97				
48					98				
49					99				
50					100				
TOTAL IND.	1				TOTAL IND.				
TOTAL DEP.	2				TOTAL DEP.				
TOTAL CLAIMS	3				TOTAL CLAIMS				